US Resolutions Inc.

An Independent Review Organization
3267 Bee Caves Rd, PMB 107-93
Austin, TX 78746
Phone: (361) 226-1976
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bupropion HCl (XL) 150mg XR 24H - Tab (Bupropion HCl) one po qd #30 x 2, Ibuprofen 600mg, one po q 12 hrs prm pain, #45 x 2, Oxycontin 30 mg XR12H - Tab (Oxycodone HCl) 1#90 x 0

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of this reviewer that the requested Bupropion HCl (XL) 150mg XR 24H - Tab (Bupropion HCl) one po qd #30 x 2, Ibuprofen 600mg, one po q 12 hrs prm pain, #45 x 2, Oxycontin 30 mg XR12H - Tab (Oxycodone HCl) 1#90 x 0 is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: Claimant is a male who sustained a work related injury on xx/xx/xx which resulted in several fractures including a fracture of the lumbar vertebrae. He fell to the ground and sustained bilateral ankle fracture, bilateral wrist fractures, 2-3 level vertebral fractures, and a closed head injury. He has undergone surgical intervention to repair injuries and has ongoing chronic low back and ankle pain. According to the most recent clinical note of 04/01/14 by, claimant is currently taking fluoxetine, oxycodone-acetaminophen, androgel, alporazolam, bupropion, and ibuprofen. It is noted that claimant discontinued Wellbutrin (bupropion) and was unable to tell any decline in his mood after discontinuation. He continues to feel benefit from his Prozac (fluoxetine) at the dose of 40 mg twice daily.

The request for bupropion hcl xl 150 mg xr 24 h one po qd #30 x 2 refills, ibuprofen 600 mg, one po q 12 hours prn pain, and Oxycontin 30 mg XR 12 h tab, #90 x 0 refills was previously denied. Reason for denial of the Oxycontin and buproprion was because per the Official Disability Guidelines, Oxycontin and bupropion for pain are N drugs on the formulary and would not be supported. Opioids appear to be efficacious for low back pain but long term efficacy is unclear for greater than 16 weeks. The use of bupropion is not supported for pain. Also, the records did not reflect that claimant has had decreased pain with visual analog scale scores, increased function, random urine drug screen, or a signed opioid contract. The denial was upheld on appeal. The appeal review decision letter dated 03/13/14 stated that the reason for denial of the ibuprofen was because NSAIDs (non-steroidal anti-inflammatory

drugs) such as ibuprofen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief, but not recommended for chronic long term use. The Oxycontin denial was upheld on appeal, based on the fact that there was no evidence of any substantial increased function, decreased pain on vas, or recent toxicology results to support ongoing use. In addition, a clinical note from 02/05/14 indicated the claimant had not taken Oxycontin for 10 days and felt he would not return to use of this medication. There were also noted to be no recent toxicology results. Also, the amount of Oxycontin being requested at 30 mg three times a day exceeded guideline recommendations for the maximum morphine equivalent daily dose. The clinical documentation submitted for review did not address the concerns of the prior review. The bupropion denial was upheld on appeal because it was noted that claimant had positive response to Wellbutrin (bupropion) at 75 mg, but was unable to determine whether the increase to 150 mg resulted in any additional improvement. The ibuprofen denial was upheld on appeal because guidelines do not recommend chronic use of anti-inflammatories as there is no evidence of the efficacy with chronic use for this medication versus standard over-the-counter medications for pain.

There is an appeal letter dated 4/1/14 which states that the claimant is no longer on Oxycontin for his chronic pain. He was transitioned to oxycodone/apap 10/325 which is reportedly being used prn for pain. Claimant has reportedly continued to benefit from the use of ibuprofen.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: According to the most recent clinical notes available, the claimant is no longer taking OxyContin. He was changed to Oxycodone-Acetaminophen 10-325 mg tab and is taking one po q 8 hours prn pain. There is no additional clinical information submitted regarding the request for the OxyContin. Because the claimant is no longer taking this medication and there is no additional documentation supporting the use of the medication, the prior denial for OxyContin 30 mg XR 12 H tab, #90 x 0 refills, is upheld.

Although the claimant is noted to be no longer taking this medication, it should be noted that the OxyContin should not be discontinued abruptly and therefore recommend a weaning period consisting of a taper by 20 to 50% per week of original dose for patients who are not addicted and are on relatively low doses, or if needed, a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached.

Regarding the request for Ibuprofen 600 mg, one po q 12 hours prn pain, non-steroidal anti-inflammatories such as Ibuprofen are not recommended for chronic long term use. Evidence based guidelines do not support the efficacy with chronic use of this medication versus standard over-the-counter medications for chronic pain. As such, the prior denial for Ibuprofen 600 mg, one po q 12 hours prn pain, is upheld.

As noted in the clinical note of 04/01/14, the Wellbutrin (bupropion) was discontinued by the claimant and he was unable to tell any decline in his mood after discontinuation. He is now taking Prozac (fluoxetine) and feels that he continues to benefit from that medication. Because the clinical documentation indicates the claimant is no longer on this medication and there is no additional documentation submitted supporting the use of the medication, the prior denial for Bupropion HCL XL 150 mg XR 24 H one po qd #30 x 2 refills, is upheld.

It is the opinion of this reviewer that the requested Bupropion HCI (XL) 150mg XR 24H - Tab (Bupropion HCI) one po qd #30 x 2, Ibuprofen 600mg, one po q 12 hrs prm pain, #45 x 2, Oxycontin 30 mg XR12H - Tab (Oxycodone HCI) 1#90 x 0 is not medically necessary

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)